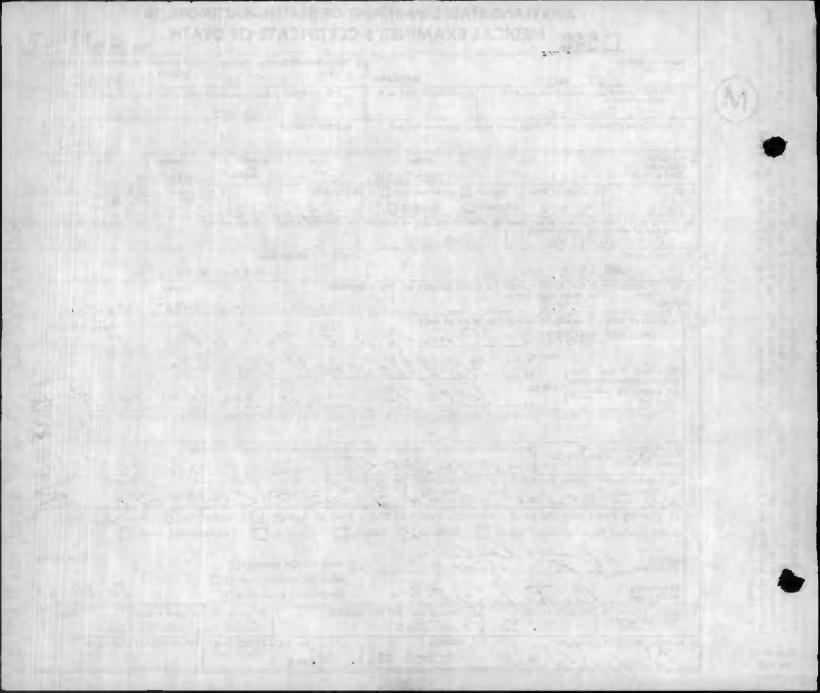
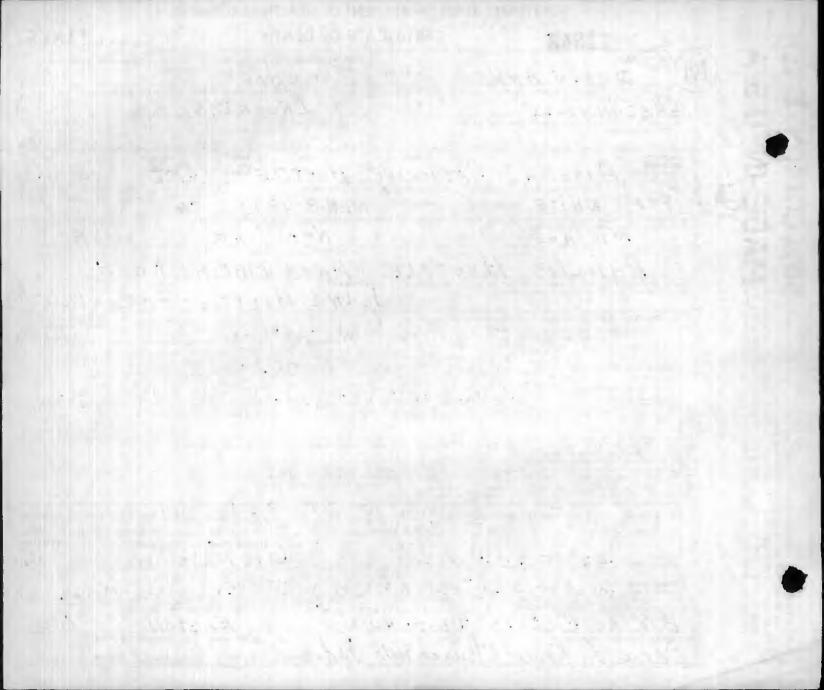
MEDICAL EXAMINER'S CERTIFICATE OF DEATH should be cremotion Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY Q. STATE b. COUNTY Queen Anne MARYLAND Marvland Queen Anne b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest town) Chester Chester d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF **First** Middle 4. DATE Day Month Yaor funeral YOUR DECEASED (Type or print) William Bullen DEATH Chaplain October 19 61 for 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 38. DATE OF BIRTH 9. AGE In years IFUNDER TYEAR IF UNDER 24 HRS. lost birthday) Months WIDOWED [38 yrs. DIVORCED [Male White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Construction Bulkheads Maryland USA 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME Samuel C. Bullen Bertie Sinclair 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give Yes Joshua len--Stevensville 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate couse **DUE TO** (a), stating the underlying couse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES 🔲 NO. 20g. EXTERNAL CAUSE WAS PRIMARY AT OF CONTRIBUTING CAUSE OF BEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) lear onhead In Road Kroum C 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 28e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, affice bldg., White Not white at work at work Medical 27 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry . and find that orwarded to the Chief FUNERAL DIRECTOR: Accident ... death resulted from: Natural causes ... Suicide . Homicide . Undetermined cause ficate, ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER orwarded 15-30-61 EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 0 Oct. Woodlawn Easton. Maryland ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE V\$. A15ME[5] Church Hill. Md 5M 9/55

O DEPU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1.		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4 3 7		11843 Item 2 Film 9298 10/26/61 iwk CERTIFICATE OF DEATH Reg. Dist. No. 11828
n. Poge filed wit		ALACE OF DEATH a. COUNTY QUEEN ANNE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY b. COUNTY
funeral		C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) RURAL and give nearest town) RURAL OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL OR TOWN (If autside carporate limits, write RURAL and give nearest town)
in 2) the		d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION d. STREET ADDRESS ON A FARM? YES \(\sigma \) NO Sheppard Avenue
ithin 24 hg		NAME OF DECEASED (Type or print) AMELIA CATHERINE HUETTLE DEATH OCH, 10 1961
ed w		FEM. WHITE WIDOWED DIVORCED MAR, 8-1877 9. AGE (In years last birthday) Manths Days Haurs Min.
ond comple on papers.		USUAL OCCUPATION (Give kind of work done during most of working life) even if refired) MILIVER 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) New York USA
of cort		PHILLIP HUETTLE ANNA MARIA KOCH
th certificating physicist remove n 72 hours		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT JOHN L. HUETTLE - GRASONVILLE M
he death a attendir en please at within		18. CAUSE OF DEATH [Enter anly one cause per line far (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Under the limit function of the course per line far (a), (b), and (c).] BY: UNDER THE CAUSE (a) UNDER THE CAUSE (b) UNDER THE CAUSE (c) UNDER THE CAUSE (c) UNDER THE CAUSE (c) UNDER THE CAUSE (c)
d by the mit. Th		Canditions, it any, which gove rise to immediate (b) when clevolic heart disease glass
require ion. In signe nsit per	7	cause (a). stating the under but to arterio a clerosis glueral sendity years
he law physic nas bee iaf-troi	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS AUTOPSY PERFORMED? YES NO
tending ficote if the bur	27.1	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I ar Part II of item 18.)
PHYSIC ol or of this cert r use os emotion	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Note at wark at w
NDING e hospit : After ched fa		21. I certify that I attended the deceased fram. 1961, ta 1961, ta 1961, that I last saw the deceased alive on 9. , 1961, and that death accurred at 10 + 6 M, fram the causes and on the date stated above.
ATTEN ed by the RECTOR: be detoc		ACTUAL Theodor Suttlemain M.D. Stevens rile Mid Oct 11.1961
retoined RAL DIR shauld b istrar prii		PHYSICIAN'S Theofor SAFTELM AIER M.D. STEVEUSVILLE, MARYLAND
D HOSPII moy be to Poge 3 s the regist	220	BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or county) (State) BURIAL (Specify) (22d. LOCATION (City, lawn, or county) (State) MODLAWN
Q E Q A E VS A15 (4) 15M 9/5B	23.	FUNERAL DIRECTOR'S SIGNATURE, ADDRESS HILL, Ind. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE CAGAN O. DANCE - Church Hill, Ind. DACT 16'61 Circles & Kraus



FOR STATE TO DEPUX MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any ity is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fund all director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR! Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

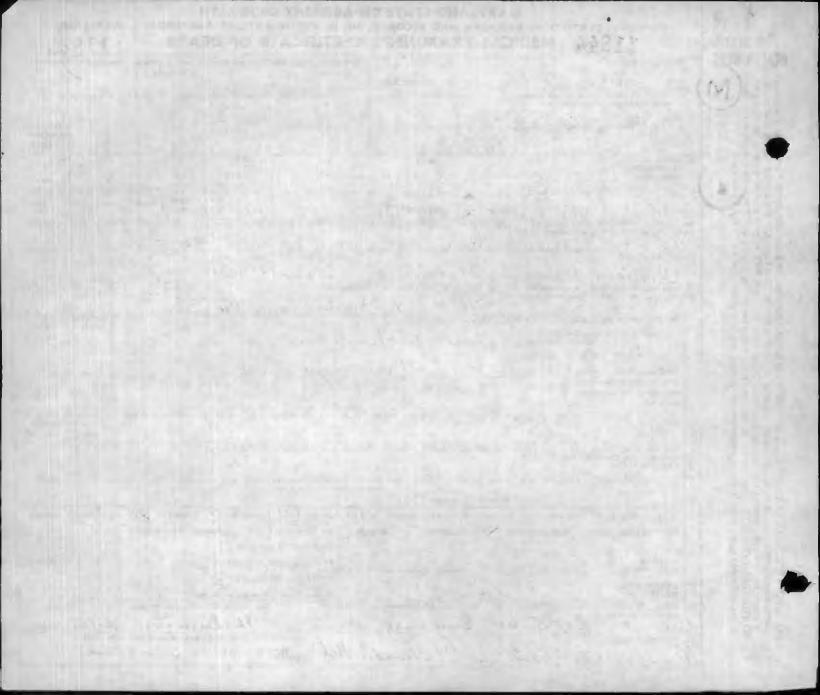
VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11914	MEDICAL	FY A MINED'S	CERTIFICATE	OF	DEATH	
33044	MEDICAL	EVWWIIJEK 2	CERTIFICATE	Or	DEATH	

	11844 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	11829
	PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Re	sidence before admission)
1	Queen annès MARYLAND . STATE alifornia 6. COUNTY	
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and	give neerest lown)
1	Rural Centreville Hurceks Carmel	431-1
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS	e. IS RESIDENCE
	Dunston School P.O. Box 2647	YES NO X
3.	NAME OF First Middle Last 4. DATE Month	Dey Year
1	OF DECEASED (Type or print)) OROTHY AllEN HUTCHINSON DEATH OCT	2 196/
5.	SEX 6. COLOR OF ACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER)	
	female with widowed Divorced Sent 17, 1894 67 yrs.	eys Hours Min.
100	USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZ	EN OF WHAT COUNTRY?
de	ne during most of working life, even if refired)	c 0
13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME -	S. A.
	will the the same of the same	
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	2 - 2 - 1640 Pa Ph. 1
(Ye	s, no, or unkown (Ifyesgivewerordetesofservice) 371) 3/ 3831	a til i
-	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY	ONSET AND DEATH
	IMMEDIATE CAUSE (6) COROMARY THROMDOS, S	None
	TO DUE TO	
	Conditions, if eny, which } (b) WKter, OSCHOSIS - Generalized	years
	gove rise to immediate cause (a), stating the underlying DUE TO	0
	couso lest. (c)	
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	(e) 19. WAS AUTOPSY PERFORMED?
F		YES NO
CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY 20b. DESCRIBE HOW INJURY OCCURED. (Enfor nature of injury in Pert II or Pert II of item 18.) CAUSE OF DEATH.	
K	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (Count	y) (Stete)
MEDICAL	Hour s.m. While Not While fectory, street, office bldg., etc.)	
-		and in my opinion
	death resulted from: Natural causes XI. Accident . Suicide . Homicide . Undetermined manner .	and an any openion
	CHIEF MEDICAL EXAMINER	
		DATE SIGNED
	SIGNATURE M.D.	DAIE SIGNED
	EXAMINER'S NAME (Type) C. R. LOYTON Address (Street, city, town, or county) (entre. 16	maryland A
224	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)	(State)
16	regnation Oct 5-61 Selvenbrook Welmengton	Selawara
23	FUNERAL DIRECTOR ADDRESS 246. REC'D 8Y REGISTRAR 246. REGISTRAR'S SIG	NATURE
1/1	Travacce Poeten Al Exiter Bess Chilinelle Med DATE OCT 5 '61 anthon S. +	Craig A
13/2		



Film 299 MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) . COUNTY Page files. STAT b. COUNTY is necessary, Queen Anne's MARYLAND Maryland Queen Anne's b. CITY OR TOWN (if outside corporate limits, ay is necess c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Queenstown Centerville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) for d. STREET ADDRESS Boa . IS RESIDENCE ON A FARM? refained State Queen YES NO death. 3. NAME OF First 4. DATE and 3 to the fu Middle Month Year be he DECEASED OF 10 (Type or print) DEATH 1961 GEORGE MARTEL with 5. SEX 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) 08 Months Days Hours Min. Male White WIDOWED DIVORCED ould be executed within 24 hours after in pencil in Item 18. Give Pages 1, 2, an 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stata or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page s l an n 72 done during most of working life, even if retired) Foreman Penn. Philadelphia pages | within Office along with form PM3. burial-transit permit. File page noval, and in any event within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within 24 George Martel Harv Deckman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of sarvica) no 717-07--7306dith Martel 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-Drowning IMMEDIATE CAUSE (a) removal DUE TO Conditions, if eny, which (b) "pending" gave risa to immediate causa lease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as a rits designated agent, prior to burial, cremation, or ret DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? Arteriosclerotic cardiovascular disease YES NO 20a. EXTERNAL CAUSE WAS WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in rail to call the suddenly he beg uting Deceased was in small boat on Wye River when suddenly he beg to shake all over, grasped his chest and then fell overboard to shake all over grasped his contact and then fell overboard month, Day, and blue with the stand office bide. alc.) 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | EXAMINER: CAL 19 61 al work at work DC Wve River Q. A. Md. Queen Anne'sCity 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion MEDICAL Accident X death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 10-17-61 EXAMINER'S HOWARD G. SHAUB, M.D. Addi NAME (Type) Address (Street, city, town, or county) DE 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) ᆼ D40 Burial Oak Lawn Raltimore 240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. A15ME 5M 9/60 DATOCT 1 9 '61 Caroling S. Fleares

Statut panis bindy of a te pote go notice THE BUILD AND THE PARTY OF THE FRET, CALLS

FOR STATE HEALTH DEPT TO DEPC. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If are like is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the harvard director. Page 4 should be forwarded to the Chieff Medical Examiner's Office along with form FM3. Flags 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Hoult, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 831

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)						
•. COUNTY Queen Anne MARYLAND	* STAT Maryland b. COUNTY ueen Anne						
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give neerest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)						
_Centreville	X Centreville						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS 0. IS RESIDENCE						
	406 Commerce St.						
3. NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Yeer						
(Type or print) James W. Martin	DEATH Oct. 16, 1961 19						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED A	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.						
male colored widowed Divorced A	Aug. 13, 1956 5 Yrs. Months Days Hours Min.						
	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
none	Queen Anne Co. Md. USA						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Robert Martin	Doris Brown						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address						
no none I	Doris Brown Centreville, Md.						
1 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).]						
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Crushing Injury to Tot Side ONSET AND DEATH IMMEDIATE CAUSE (a) Crushing Injury to Tot Side ONSET AND DEATH INDUSTRIAL ONSET AND DEATH IMMEDIATE CAUSE (b) Of head, - Auto Accident							
8 2 X DUE TO							
Conditions, if ony, which) (b) of head - Auto Recielent							
geve rise to immediate couse							
(a), staling the underlying DUETO							
	COURSE IOSI. (c)						
None	PERFORMED? YES NO NO						
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING Discribe How INJURY OCCURED. (E CAUSE OF DEATH.	noter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED PLA	CE OF INJURY (Home, ferm, 2Df, (City or town) (County) (Stefa)						
4.15 p.m. Dat 16 1961 While at work & Street office bldg., etc.) Centraville Q.A.							
21. I certify that I took charge of the remains described above, he	Id an Autopsy . Inspection . Inquiry . and in my opinion						
death resulted from: Natural causes . Accident . Suici	ide, Homicide, Undetermined manner						
1 1 21 24	CHIEF MEDICAL EXAMINER						
SIGNATURE (V Cocking Caylon)	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED						
EXAMINER'S C. Rodney Layton	Address (Street, city, town, or county) DEPUTY MEDICAL EXAMINER 10-17-61						
228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify) 10/19/61							
Burial 10/17/61 Chesterfie	ld Cem. Centreville, Md.						
23. FUNERAL DIRECTOR 246. REGISTRAR 246. REGISTRAR'S SIGNATURE							
Lowell Walla Chestertown	, Ma. DATEOCT 20'61 Circling & Hans						

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11020

	1047					- el	-006
1. PLACE OF DEATH	Н			RESIDENCE (Wh	ere dacaased livad, fi		ence bafora admission
	en Anne	MARYL	a. STATE	Md.	b. COU	Kent	/
b. CITY OR TOWN (lif outside corporate limits.	c. LENGTH OF STAY			a corporata limits, wri		e neerast town)
Sudlersvil	d giva nearast town)		Milli	noton			
		in hospital, give street addres		ADDRESS	1.1	-	. IS RESIDENC
			,		14	V -7	ON A FARM
Coleman Co	nvalescent Ho	me Middla		9.1		th Da	YES NO
DECEASED	First	Middla	Last	4. D3		n Da	, ,,,,,,
(Typa or print)	Mary	E.P.	Smit	II.	Octol		1, 1961
. SEX	6. COLOR OR RACE 7. N	ARRIED NEVER MARRIED	B. DATE OF BIRT	H	9. AGE (In year	IF UNDER 1 YEAR	
'emale	White W	DOWED DIVORCED	December	r.12.1867		Months Days	Hours Min.
De. USUAL OCCUPAT		106. KIND OF BUSINESS OR			ta, or foreign country	12. CITIZEN	OF WHAT COUNTRY
Housewife	orking lifa, aven if retirad)	Uoma	W-l			TT CL S	
3. FATHER'S NAME		Home	Md.	S MAIDEN NAME		U.S.A.	
homas R. P	TICE /ER IN U.S. ARMED FORCES?	1 16. SOCIAL SECURITY NO		A. Stewa	Addra		
Yas, no, or unkown) (If yes give war or dates of service	DI SOCIAL SECURITY NO					- 6
0.		None	Edward Fe.	llows,	Milli		íd.
18. CAUSE OF I	DEATH [Enlar only one caus	a per line for (a), (b), and (c)	dentia 1				NTERVAL BETWEEN
gave rise to immad (a), stating the u causa last.	P DUIC TO	Mating a	Cin.				2 weeks
	R SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT BELATED TO	THE TERMINAL DIS	FASE CONDITION GI	VEN IN PART I(a)	TO WAS AUTOPS
PART II. OTHE	K SIGHRICANI CONMITON	3 CONTRIBUTING TO DEATH	DOT NOT KEENTED TO	THE TERMINAL DIS	LASE COMONION OF	TENTINI CONT. I(U)	PERFORMED?
<u> </u>							YES NO
OR CONTRIBUTING	AS UNDERLYING 2DE	DESCRIBE HOW INJURY O	CCURED. (Enter natura o	d injury in Part I or	Part II of itam 18.)		
	MEDICAL EXAMINER						
20c. TIME OF INJU	URY Month, Day, Year		2Da. PLACE OF INJURY		(Cliy or town)	(County)	(Stata)
20c. TIME OF INJU	19	While Not While at work	factory, straat, office	bing., arc.)			
			from man	1-7 10 6	1. lest	2-1 10 1	that (I) (we) la
	()"; /"	attended the deceased	II Olliani i i i i i i i i i i i i i i i i i i				
saw the decea	sed alive on	2-0 19.61, ar	nd that death occur	red alt	from the causes	and on the	
22a. SIGNATURE	MALLEN	willow	ATTENDIN		STAFF		22b. DATE SIGN
22c. PHYSICIAN'S	***		M.D. PHYS.	DIRECTO	R PHYS.		
NAME (Typa		MILTON	1 Au	Lling	tin h	nd	
30. BURIAL, CREMAT	TON, 236. DATE THEREOF		METERY OR CREMATOR	Y 23d.	LOCATION (City, I	own or county)	(Stata)
Burial (Spacify)	Oct. 24, 196	31 Millingto	n Cemetery	Mi	llington,	Kent Co:	Md.
24 FUNERAL DIRECTOR	PS SIGNATURE	ADDRESS:	1 1 1		REGISTRAR 256, R		
Edural	Hollow.	molini	Jan This	DATE OCT 2	5 '61 C	Inlium J. Tir	ALLE .

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O HOST ALOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4		director.	page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 7 and 2 shauld be filed with	1	7
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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
		11848 CERTIFICATE OF DEATH Reg. Dist. No. 11833
1	1. [PLACE OF DEATH o. COUNTY O. STATE 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND O. STATE A. A
1	R	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town) RURAL and give nearest town) SUPS. C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION e. IS RESIDENCE ON A FARM? YES TOO
-		NAME OF DECEASED (Type or print) May mard Pressley White DEATH ORT 12 1961
	5. 9	MIDOWED DIVORCED Aug 19 1896 65 yrs. Months Days Hours Min.
		2. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) OLICE 2 TO 16915 T OLICE 2 T OLIC
1		Clarence H. White Jane Felix
1	TS.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT YES IW. W. I 442-01-153-5 Mrs. May mard White Querustown IN
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)
		Conditions, if ony, which (b)
	7	gove rise to immediate couse (o), stating the <u>under-lying couse last</u> . (c)
	-ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq \text{NO} \subseteq \text{VES} \subseteq \text{NO} \subseteq \text{VES} \subseteq \text{NO} \subseteq \text{VES} \(\subseteq \text{NO} \subseteq \text{VES} \subseteq \text{VES} \subseteq \text{NO} \subseteq \text{VES} \subseteq VE
note	AL CERTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. m, p. m, 19 20d. INJURY OCCURRED While of work of
		21. I certify that I attended the deceased from
		ACTUAL SIGNATURE ADDRESS (Street, city or town, stole) DATE SIGNATURE M.D. QUEENSTOWN ADDRESS (Street, city or town, stole) DATE SIGNED ACTUAL SIGNATURE M.D. QUEENSTOWN ADDRESS (Street, city or town, stole) DATE SIGNED
		PHYSICIAN'S INUIN G. HOYTMD
	4	OBURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY, REMOVAL (Specify) Of 14-1961 Old LOTE Church LUTE Mulls Many land
	13.	FUNERAL DIRECTOR'S SIGNATURE LEWENS SIGNATURE LEWENS SIGNATURE DATE OF 1 7 161 CONTROL TOWN

